 This is the <u>Simplified Averaging Permit Application</u>. It is for schedules that fall within pre-approved standards for safety and health You must meet all these criteria to use this form. 						
If these criteria do not meet your business needs you must use the full <u>Averaging/Break/Rest Permit Application</u>						
available at: www.gov.mb.ca/labour/standards/forms						
	75% of the affected employees agree with the proposed terms and conditions					
	There is a set schedule					
	The employees regularly work more than 35 hours per week					
	None of the employees are under the age of 16 years					
	Employees will not work more than 12 hours per day without overtime pay					
	Employees will not work more than 60 hours per week without overtime pay					
	The schedule will average back to 40 hours per week over the course of the averaging cycle					
	Employees get no less than an average of 2 days rest per week, per averaging cycle					
	Employees get a 30 minute break after 5 hours of work; or for shifts of more than 10 hours per day, break times totalling 1 hour per day					
	Employees will be paid overtime for any hours (over 8 hours per day) worked beyond their scheduled (permit) shift					
	The company does not have a history of violations of labour legislation					
Checklist for a simple, speedy process:						
	All sections on the application form are completed and easy to read					
	A work schedule for at least one full averaging cycle is attached to the application form					
	A survey form for each of the affected employees is completed and attached to the application form and any unavailable to complete a survey are accounted for (on leave, etc.)					

Fax: (204) 948-3046

Tel: (204) 945-3352 or 1 (800) 821-4307



APPLICATION FORM SIMPLIFIED AVERAGING PERMIT PROCESS

This personal information is being collected under the authority of The Employment Standards Code. It is protected by the protection of privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information, please contact Employment Standards 604- 401 York Avenue, Winnipeg MB R3C 0P8 (204) 945-3352 or 1 (800) 821-4307

To Process the Application all sections must be COMPLETE and EASY TO READ

Street Number and Name	Box/Suite				
City P	rovince/State	Postal Code/Zip			
Phone Fax	Email Address (op	otional)			
Worksite Location (if different than above)					
Type of Business					
Who is Affected? (all employees, specific section, department, etc)					
# of Employees Affected					
Job Titles of Affected Employees					
Employees are Represented by a Union (): □ Yes □ No				
☐ New Permit					
☐ Renewal to Permit# (ins	sert permit number)				
☐ Amendment to Permit#	_ (insert permit number)				
	Phone Fax Worksite Location (if different than above) Type of Business Who is Affected? (all employees, specific section, of the section) # of Employees Affected Job Titles of Affected Employees Employees are Represented by a Union (Notes) New Permit Renewal to Permit#	City Province/State Phone Fax Email Address (or Worksite Location (if different than above) Type of Business Who is Affected? (all employees, specific section, department, etc) # of Employees Affected Job Titles of Affected Employees Employees are Represented by a Union (√): □ Yes □ No			

Proposed Work Schedule:	ATTACH A WORK SCHEDULE FOR AT LEAST ONE FULL AVERAGING CYCLE				
I confirm the proposed	\square does not apply to employees who regularly work less than 35 hours per week				
schedule (√):	☐ does not apply to workers under the age of 16 years				
	☐ has no more than 12 hours per day without overtime pay	Under this permit the hours the employees (without overtime pa	· · ·	These	
	☐ has no more than 60 hours per week without overtime pay	Under this permit the hours the employees (without overtime pa		numbers sh	
	□ averages back to 40 hours per week over the course of the averaging cycle (e.g. 120 hrs in 3 wks; 80 hrs in 2 wks; etc.)	hours the employees overtime pay) is	e maximum number of s will work (without averaged weeks	numbers should correspond to the	
	☐ has an average of at least 2 days rest per week, per averaging cycle	Under this permit the work and rest are	e consecutive days of		
	 □ has at least one 30 minute break after every 5 hours of work; or □ has the equivalent of at least 1 hour in breaks for shifts over 10 hours 	Under this permit the rest/meal break time	e duration and number of es are (be specific):	schedule & survey	
worked beyond their	under this permit will be paid or scheduled shift ($$): \Box Yes (for each of the shours then asked that day to stay to	xample: if the permit allow	vs a maximum of 10 hours, and a	ın	
How is overtime calc	ulated for the affected employe	ees?			
concurrence was volu	ertify that the particulars herein untary. Should the request be ap and all other applicable legislatio	proved, I agree to abi	· · · · · · · · · · · · · · · · · · ·		
Name:	(print) Signature:		Date:		
Time Period Request	ed for the permit/order (where	applicable for season	al businesses, etc)		
Ctart Dat		End Data	(Day/Month/Year)		
Start Dat INTERNAL USE ONLY:	.C	End Date			
Employee Concurrence _	% 🗆 approved /	′ □ not approved	Permit #:		
Processing Officer:		Date:			